PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10770888

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			29			•		RATE	FEE	1	RATE	FEE ·
FC	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	29 minus 20=		. 9			XS 9=	81	OR	X\$18=	
IN	EPENDENT C	LAIMS .	3 minus 3 =					X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT					•			+145=	·	OR	÷290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL	466	OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OTHER THAN SMALL ENTITY		
_		(Column 1)	<u> </u>	(Colun		(Column 3)		SMALL	_	OR	SWALL !	
AMENDMENT A	10-17-6	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus	-2	9	=		XS 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	ENDENT	3	= '		X43=		OR	X86=	
L	FIRST PRESE	MIATION OF ME	DETIPLE DE-	ENDEN	CEANIN			+145=		OR	+290=	
		•					L	TOTAL		OR	TOTAL ADDIT, FEE	
		(Caluma 1)		(Calum	- O	(Calumn 3)		DDII. FEE (•	ADD11.1 CE	
		(Column 1) I CLAIMS		(Colum		(Column 3)	1 -		4001	· •		100
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		XS 9=		OR	X\$18=	
	Independent	• NTATION OF MU	Minus	ENDENT	CLAIM	=		X43=		OR	X86=	
	·		CHI CE DEF	LINDLINI				+145=		OR	+290=	
							L.	TOTAL DDIT. FEE	•	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)	~	, ,		•		
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	Γ	X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		.	r	X43=		اي	X86=	
	FIRST PRESE	NTATION OF MU	LTIPĻE DEP	-			OR					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL THE THIGHEST Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT. FEE	
		moer Previously Paid					foun	d in the app	ropriate box	in col	ımn 1.	